

## **EXHIBIT 4**

## GRIST MILL TRUST

# DEATH CLAIM FORM

**Please complete the following Claim Form (One form per each Designated Beneficiary):**

### A. Participant Information

Name Lawrence O. Fischer SSN [REDACTED] DOB [REDACTED] Place of Birth Idaho

Address 9295 N. Esterbrook Boise Idaho 83714

Number	Street Name	Apt/Box# (if any)	City	State	Zip

Marital Status: Single ☐ Married ☒ Widow/Widower ☐ Separated ☐ Divorced ☐

Date of Death 10/18/2014 Place of Death Boise, Idaho Cause of Death Pancreatic Cancer

### B. Claimant or Designated Representative Information

Name Richard Aaron Seehawer Relationship to Insured or Beneficiary Advisor/Trustee

Address 1112 W. Main St. Suite 105 Boise Idaho 83702

Number	Street Name	Apt/Box# (if any)	City	State	Zip

Phone: (208 ) 344-9704 Fax: (208 ) 944-3146

Contact E-mail: aaron@conciergelegacy.com

### C. Beneficiary Designation Information

Individual Name\* \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ % of Proceeds \_\_\_\_\_

Trustee's Name Richard Aaron Seehawer SSN [REDACTED]

Name of Trust B.A.Fischer Sales Inc/Trusted Purchase Date of Trust 1/31/2007 TIN 45-6226481 % of Proceeds 100

Address 1112 W. Main St. Suite 105 Boise Idaho 83702

Number Street Name Apt/Box# (if any) City State Zip

Daytime Phone (208) 344-9704 Evening Phone (208) 861-6660

Contact E-mail aaron@conciergelegacy.com Fax (208) 944-3146

Beneficiary Relationship to Insured; Trustee X Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_ (Explain) \_\_\_\_\_

\*Complete if the Name of the Beneficiary has changed.

Former Name	Current Name
-------------	--------------

## Reason for Change

By signing below I agree that to the best of my knowledge the above statements are true and complete.

Signature: \_\_\_\_\_

Date: